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Organization ID: 33101901

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Advance Directive Locator Form

ABOVE SPACE
IS FOR OFFICE USE ONLY

PLEASE TYPE OR PRINT CLEARLY USING INK

I have a prepared advance directive and have chosen not to store a copy of this document with the Living Will Lockbox. Instead, this Locator Form identifies the location(s) of where the document can be found.

Registrant Information

Legal Name:

Date of Birth:

First / Middle / Last / Suffix

mm/dd/yyyy

Primary Mailing Address:

Address

City

State

Zip Code

Phone Number:

Date:

Area Code

Number

Document Location(s)

1) Name of person or entity holding document and/or location of document:

Phone Number:

Area Code

Number

2) Name of person or entity holding document and/or location of document:

Phone Number:

Area Code

Number

3) Name of person or entity holding document and/or location of document:

Phone Number:

Area Code

Number

Other locations where document can be found:

IMPORTANT: This document *must* be accompanied by the Registration Agreement form.

MAIL OR FAX TO: Living Will Lockbox
c/o Nevada Secretary of State Ross Miller
101 North Carson Street, Suite 3
Carson City, Nevada 89701-4786
Phone (775) 684-5708
Fax (775) 684-7177